

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES**

**APPLICATION FOR RENEWAL OF STATE LICENSE TO OPERATE
AN INDEPENDENT FOSTER HOME FOR CHILDREN**

Application is hereby made for a renewal of a license to accept children in my home for full-time care.

Name: _____

Address: _____

Preference as to number of children, age and sex: _____

Members of Household	Last Name	First Name	Middle Initial	Date of Birth	Relationship to head of household. If child was placed with you by agency, Name of Agency
Husband					XXXXXXXXXXXXXXXXXX
Wife (Maiden Name)					XXXXXXXXXXXXXXXXXX
Own children living in home					XXXXXXXXXXXXXXXXXX
					XXXXXXXXXXXXXXXXXX
					XXXXXXXXXXXXXXXXXX
					XXXXXXXXXXXXXXXXXX
					XXXXXXXXXXXXXXXXXX
Other persons living in household, including any children now being cared for					
Name(s) of Assistants					

Present employment of each member of family who is working: _____

Please note below, any pertinent change in your home or your situation since your last application: (Use additional paper)

Your present telephone number: () _____ Is this phone in your home? _____

IN MAKING THIS APPLICATION, I STATE THAT:

1. I am in receipt of and have read a copy of the Minimum Standards for Licensed Independent Foster Homes and other applicable regulations and statutes.
2. I certify that it is my intent to comply with the aforementioned regulations and statutes and to remain in compliance with them if I am so licensed.
3. I grant permission to the Department of Social Services and/or its authorized agents to make all necessary investigation of the circumstances surrounding this application and any statement made herein, including financial status, inspection of the facility and review of records. I understand that, following licensure, authorized agents of the Department will make announced and unannounced visits to the facility to determine its compliance with standards and to investigate any complaints received.
4. I understand that the Department of Social Services shall request, as needed, reports from the Local Health Department, State Fire Marshall and Local Fire Department.
5. I understand that an application for a license is subject to either issuance or denial. In the event of denial, it is understood that I have the right to appeal this decision, which is explained in the general procedures regulation.
6. I am aware that it is a misdemeanor for any person to operate a child welfare agency defined in Section 63.1-195, *Code of Virginia*, without a license.

7. To the best of my knowledge and belief, all information I have given to the Department of Social Services and/or its authorized agents on the attached forms and during any pre-application conference is true and correct. I will supply true and correct information requested during all subsequent investigations.

SIGNED:

Applicant's Signature: _____

Applicant's Signature: _____

Date: _____

Required Attachments:

Attached

Financial Statement

List of Related Training Attended